

L18000266076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

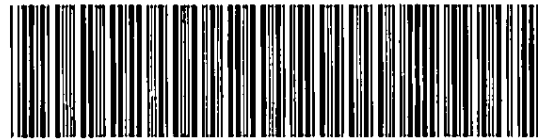
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500352061555

09/14/20--01011--025 ++25.00

OCT 23 2020
S. YOUNG

FILED
2020 SEP 14 PM 6:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPA ALTERNATIVES LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MISAEEL GONZALEZ, MD
(Name of Person)

SPA ALTERNATIVES LLC
(Firm/Company)

1051 NE 86 STREET
(Address)

MIAMI, FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

MISAEEL GONZALEZ, MD at (305) 525 6095
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SPA ALTERNATIVES LLC

2. The Articles of Organization were filed on 11/14/2018 and assigned

document number L18000266076

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

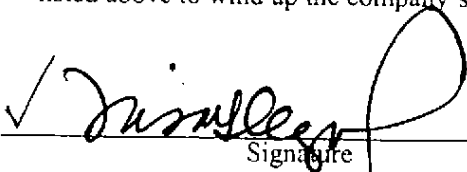
OUT OF BUSINESS

2020 SEP 14 PM 6:41
FILED

FILED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

✓ 
Signature

MISAE L GONZALEZ MD
Printed Name

FILING FEE: \$25.00